

**CERTIFICATE OF TRANSMISSION/MAILING**

Ref. No.: 12439-0167

I hereby certify that this correspondence is being facsimile transmitted to the USPTO at (571) 273-8300 or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on March 21, 2007.

Erin Cowles

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005</b>	Docket Number (Optional) P71C2-US																		
Application Number: 10/815,400	Filed: March 31, 2004																		
For: Tested semiconductor device produced by an interconnection element with contact blade																			
Art Unit: 2829	Examiner: Ernest F. Karlsen																		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.																			
The requested extension and fee are as follows (check time period desired and enter the appropriate for below):																			
	<table><thead><tr><th></th><th>Fee</th><th>Small Entity Fee</th></tr></thead><tbody><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$120</td><td>\$60 \$120</td></tr><tr><td><input type="checkbox"/> Two month (37 CFR 1.17(a)(2))</td><td>\$450</td><td>\$225 \$</td></tr><tr><td><input type="checkbox"/> Three month (37 CFR 1.17(a)(3))</td><td>\$1020</td><td>\$510 \$</td></tr><tr><td><input type="checkbox"/> Four month (37 CFR 1.17(a)(4))</td><td>\$1590</td><td>\$795 \$</td></tr><tr><td><input type="checkbox"/> Five month (37 CFR 1.17(a)(5))</td><td>\$2160</td><td>\$1080 \$</td></tr></tbody></table>		Fee	Small Entity Fee	<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60 \$120	<input type="checkbox"/> Two month (37 CFR 1.17(a)(2))	\$450	\$225 \$	<input type="checkbox"/> Three month (37 CFR 1.17(a)(3))	\$1020	\$510 \$	<input type="checkbox"/> Four month (37 CFR 1.17(a)(4))	\$1590	\$795 \$	<input type="checkbox"/> Five month (37 CFR 1.17(a)(5))	\$2160	\$1080 \$
	Fee	Small Entity Fee																	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60 \$120																	
<input type="checkbox"/> Two month (37 CFR 1.17(a)(2))	\$450	\$225 \$																	
<input type="checkbox"/> Three month (37 CFR 1.17(a)(3))	\$1020	\$510 \$																	
<input type="checkbox"/> Four month (37 CFR 1.17(a)(4))	\$1590	\$795 \$																	
<input type="checkbox"/> Five month (37 CFR 1.17(a)(5))	\$2160	\$1080 \$																	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.																			
<input type="checkbox"/> A check that includes the fee is enclosed.																			
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.																			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0843</u> .																			
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>																			
I am the	<input type="checkbox"/> applicant/inventor																		
	<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96)																		
	<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>39,923</u>																		
	<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration Number <u>39,923</u>																		
March 21, 2007 Date																			
(801) 323-5934 Telephone Number																			
/N. Kenneth Burraston/ N. Kenneth Burraston																			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.																			
<input type="checkbox"/> Total of _____ forms are submitted.																			